


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90104 037 \*\*\*\*61.25

<b>DOCUMENT # N29892</b>					
1. Entity Name SILVER MEADOWS OWNERS ASSOCIATION, INC.					
Principal Place of Business 101 NE FIRST AVE OCALA, FL 34470			Mailing Address PO BOX 1890 SILVER SPRINGS, FL 34489		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2990851	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FLANAGAN, GREG 2701 SE MARICAMPP RD. STE. 104 OCALA, FL 34471			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61:25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GYGAX, LINDA		NAME	Linda Gygax	
STREET ADDRESS	4727 NE 60 TERR		STREET ADDRESS	4727 NE 60 Terr	
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE	DST	<input checked="" type="checkbox"/> Delete	TITLE	VP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECK, PHYLLIS		NAME	James Kean	
STREET ADDRESS	7091 NE 61 AVE RD		STREET ADDRESS	4759 NE 60 Terr	
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T, S, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALM, BILL		NAME	Steve Szadek	
STREET ADDRESS	5282 N.E. 64TH AVE.		STREET ADDRESS	5075 NE 60 Terr	
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COYNER, DON		NAME	John Stewart	
STREET ADDRESS	5103 NE 60 TERR		STREET ADDRESS	4978 NE 64 ave	
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAMOS, RAFAEL		NAME	Kim Squeri-Rega	
STREET ADDRESS	4995 NE 60 TERR.		STREET ADDRESS	4628 NE 60 Terr	
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALSTON, PATRICIA		NAME		
STREET ADDRESS	4845 NE 64 AVE		STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i>			Date: 2/28/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		